

**Bureau of Prisons  
Health Services  
Dental Routine Care  
Comp/Periodic Exam**

Inmate Name: GARCIA, WALTER  
Date of Birth: 01/19/1950  
Encounter Date: 07/11/2018 12:22

Sex: M Race: WHITE  
Provider: Lopez, Gilbert DMD/Chief

Reg #: 65584-054  
Facility: LOR  
Unit: N04

Reviewed Health Status: Yes

**ASSESSMENTS:**

Health Problems Newly Identified During This Encounter:

Health Problem

Allergies: Denied

Occlusion: Class III

Oral Hygiene: Fair

CPITN:	1	x	x
	x	1	x

Hard and soft tissue examination performed and documented: Yes

Head & Neck/Soft Tissue within normal limits? Yes

Comments:

\* Decayed 0 Missing 22 Filled 12

Additional Findings:

Comments:

**Pain Assessment**

COMPLAINT 1 Provider: Lopez, Gilbert DMD/Chief Dental

Pain Complaint: No Pain Reported

Oral Area: General Oral

Description

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

**Additional Findings and Procedures**

**PROCEDURE:**

Dental Procedures

Ex. D